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Deaf, hard of hearing or speech disability - use MD Relay or 711

#### **Campaign Fund Report** Summary of Receipts and Disbursements

Annapolitans for a Better Como	munity	
Name of candidate or committee as filed with the election office	Office Wa	ard
Bank information Bank name	Account number	
1. Checking PNC	55-5611-7143	
2. Other		**********
Transaction period from:25_2012  Due no later than 4:30PM on the last day of each transaction period. (Se	to AUG 18, 2013 ee Candidate Packet Merno for dates)	·
Final Complete formers disaddressed to 44 44 DAGS		
Final Surplus funds distributed to (4.44.040): Summary of Receipts and Disbursements		
Cash balance - beginning of transaction period	\$ 985.9	0
2. Receipts from Schedule 1, column 4	-0-	
3. Proceeds from Schedule 2, column 4		
4. Total cash available (Add lines 1, 2 and 3)	\$ 98C9	<u></u>
5. Disbursements from Schedule 3:		_
Column 3 \$	•	
Column 4		
Column 5		
6. Total disbursements	\$ -0-	
7. Cash balance - end of transaction period (Subtract line 6 from line	e4) 985.90	)
8. Total outstanding obligations from Schedule 4	\$ -0-	
9. In-kind contributions from Schedule 5, column 4	\$ -0-	
Dador popular of popular I doubon that I have exemple at this are not found		
Under penalty of perjury, I declare that I have examined this report, inclute the best of my knowledge and belief it is true, correct and complete. (If I	uding accompanying schedules and statements, an report of candidate, candidate and treasurer must :	id to sian
report; if committee, treasurer and chairman must sign report.)		~
Chairman SWalastant	1 - 2 - 2	. 1.5
Candidate	Date AUG 20, 20, 201	<del></del>
Treasurer Station C. Katton L.	Date AUG 20, 201	<u> </u>
Chairman of Committee or State Warda	Date Aug 20 20	
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Name of candidate or committee	AUNAPOLITANS	For2	A BETTER	COMMUNITY
Report period - transactions from	June 25, 2012	to	AUG 18	,2013

#### Schedule 1 - Contributions and Receipts

(Excluding Transfers, Loans and In-kind Contributions)

Date received	Complete name and residence address of Payer	Descript	Amount			
		Code *	Ticket price	Cash		
				Check#		
		* T, enter	price per ticket	Rcpt#		
		Aggregat	e amount receiv	ed from P	ayer to date	
		Code *	Ticket price	Cash		
		<del></del>		Check#		
		* T, enter	price per ticket	Rcpt#		VY VT, (V, -1, -1, -1, -1, -1, -1, -1, -1, -1, -1
		Aggregat	e amount receiv	ed from P	ayer to date	······································
		Code *	· Ticket price	Cash		
				Check#		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	,	* T, enter	price per ticket	Rcpt#		
		Aggregate amount received from Payer to date				
		Code *	Ticket price	Cash		***************************************
٠	territoria.			Check#		
	¥	* T, enter	price per ticket	Rcpt#		
		Aggregat	e amount receiv	ed from P	ayer to date	, ,,,,,,,
		Code *	Ticket price	Cash		
			7	Check#		····
		* T, enter	price per ticket	Rcpt #		
		Aggregat	e amount receiv	ed from P	ayer to date	
		Code *	Ticket price	Cash		
				Check#		
		* T, enter	price per ticket	Ropt#		
		Aggregate amount received from Payer to date				
		Code *	Ticket price	Cash		
				Check#		
	rient in the control of the control	* T, enter	price per ticket	Rcpt#		
	Carping Control of Con	Aggregat	e amount receiv	ed from P	ayer to date	

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Report period -	- transactions from رسو	25,2012 to AUG 18	2013
		2 - Loans and Transfers	
Date received	Complete name and residence address of Payer	Description of loan or transfer	Amount
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
<b>-</b>		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
	,	Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	

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# City of Annapolis

Office of the City Clerk 145 Gorman Street, 3<sup>rd</sup> Fl Annapolis, MD 21401-2535

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Schedule 3 - Disbursements

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Verific per second gramma and the second	တ	Transfers to other funds (candidate or	ommittee name Amount required)		•			, , , , , ,						<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	•			
1		产章	Ü		· · · · · ·													
-			Method															
77777	4	Loan payments	Me	Check#	Cash	Rcpt#	Check#	Cash	Rcpt #	Check#	Cash	Rcpt#	Check#	Cash	Rcpt#	Check#	Cash	Rcpt#
		Loan	Amount									The state of the s						
A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		payments other than loan payments	Method															
-	က	payments of payments	#	Check #	Cash	Ropt #	Check#	Cash	Rept #	Check #	Cash	Rcpt#	Check #	Cash	Rept#	Check #	Cash	Rcpt #
ili de di la descripción de la companya del companya del companya de la companya		Salaries and all payr payr	Amount			:		<u> </u>						, <u></u>				e e e e e e e e e e e e e e e e e e e
		Salarie	Code											***		,		
	73		Payee and address															
The state of the s	_		Date					:				THE PERSON NAMED OF THE PE						

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Name of fund or committee	ANNAPOLITARS	FUR	A	COMMUNITY
Debts as of	Aug 18,2	013		 

### Schedule 4 - Outstanding Obligations as of End of Report Period

1	2	3	4
Name and address	Description of debt (Loans, unpaid bills, etc.)	Date debt incurred	Amount
			<u> </u>
· ·			

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Name of fund or co	ommittee ANNAPOLIS	TANS FOR A	BETTER COMMUN 18, 2013					
Report period - tra	nsactions from June 25,	2012 to AUG	: 18,2013					
Schedule 5 - In-kind Contributions								
1	2	3	4					
Date	Name and address of contributor	Description of In-kind Contribution	Fair Market Value (during this report period)					
-								
	·							
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		V. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.						
		· , /	<u> </u>					

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